

ANNE ARUNDEL COUNTY

Selection of Focus Area

Access to care for the uninsured has been a priority for Anne Arundel County since 1992, when “inadequate access to primary care” was identified as one of four leading public health issues in a community needs assessment conducted for the Anne Arundel County Department of Health.

Through partnerships with County providers, efforts have been made to provide comprehensive health coverage to low income County residents. Access to care remains a high priority for the County.



The Anne Arundel County Department of Health's Fiscal Year 2001 priorities also include:

- Expanding cancer prevention/education/tobacco use prevention/cessation programs;
- Expanding community-based substance abuse treatment programs;
- Monitoring preventable infant and child fatalities and providing services for at-risk families to assure the health and safety of children;
- Ensuring safe drinking water throughout the County;
- Detecting and responding to emerging infectious diseases; and
- Reducing unintentional injuries among children and the elderly.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

| | |
|-------------|---------|
| Total | 476,060 |
| White | 81.7% |
| Other | 18.3% |

Estimated Population, by Age – 1998

| | | | |
|---------------|--------|-------------|---------|
| Under 1 | 6,490 | 18-44 | 201,620 |
| 1-4 | 24,570 | 45-64 | 107,210 |
| 5-17 | 88,740 | 65+ | 47,430 |

All causes Mortality Rate (age-adjusted, per 100,000 population) – 1998 459.2

Infant Mortality Rate 1995-1999 6.8

Estimated Mean Household Income – 1999 \$76,300

Estimated Median Household Income – 1999 \$63,600

Civilian Unemployment Rate, Annual Average – 1999 2.8

Labor force (Top 4) –1995

| | | | |
|--------------------------------------|--------|--------------------------------|--------|
| Government (Federal, Military) | 72,900 | Retail Trade | 45,100 |
| Services | 68,800 | State & Local Government | 22,600 |

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Access to Health Care for the Uninsured in Anne Arundel County

Problem

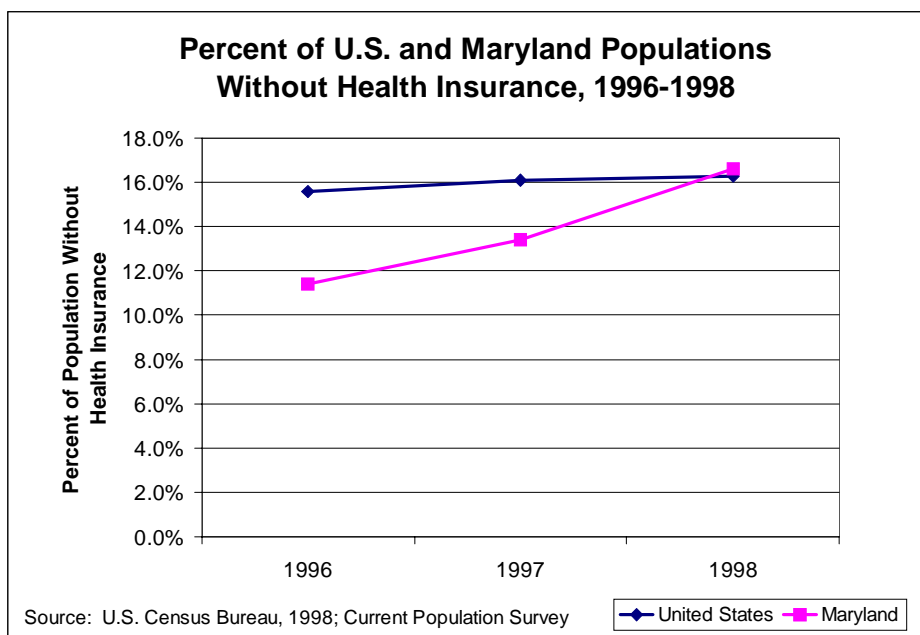
Based on U.S. Census Bureau estimates, there are approximately 42,000 people without health insurance in Anne Arundel County. This is 9% of the County's population — short of the Healthy People 2010 objective to eliminate the number of people without health insurance, but lower than Maryland's 1998 uninsured rate of 16.6% and the U.S. 1998 rate of 16.3%. Since a large majority of Anne Arundel County's Medicaid-eligible children have been enrolled in the Maryland Children's Health Program and other Medicaid programs, and since nearly all persons age 65 and older have Medicare coverage, most of the uninsured are between the ages of 20 and 64.

People without health insurance are more likely to have no regular source of medical care and are less likely to obtain preventive health care. These factors can reduce the quality of life, create higher rates of hospitalization for complications of disease and illness, and increase the likelihood of dying while hospitalized.

For many years increasing access to care has been a priority for Anne Arundel County. Inadequate access to primary care was identified as number one of four key issues in a community needs assessment conducted for the Anne Arundel County Department of Health in 1992. A partnership was formed in 1994 between the Health Department and North Arundel Hospital to provide primary care services to indigent County residents without health insurance. When North Arundel Hospital's New American Health dissolved in 1998, the Local Health Planning Board worked with the Health Department to develop a new, more comprehensive program of health services for low-income uninsured residents. Access to care remains a high priority.

Determinants

Despite the nation's strong economy and low unemployment rate, the number of Americans without health insurance continues to grow each year. The age group most likely to be uninsured is 18- to 24-year-olds. In this age group, 30% are uninsured. Additionally, approximately 90% of uninsured adults are working.



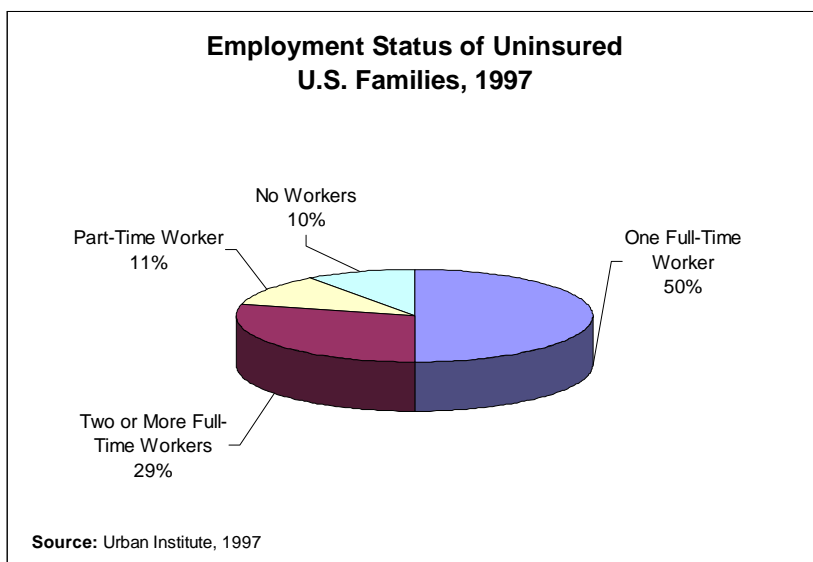
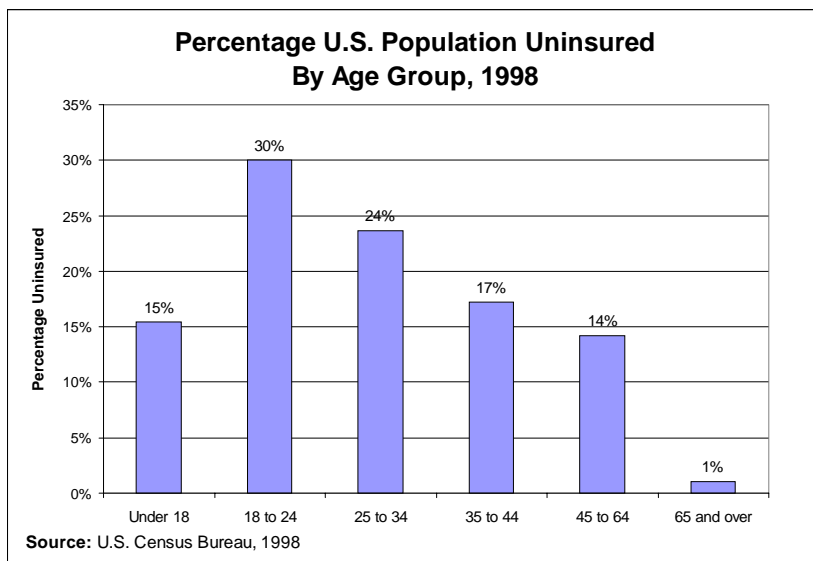
Why are People Uninsured?

The most significant explanation for the increase in numbers of uninsured people is that health insurance has become too expensive. Forty-eight percent of uninsured workers are employed by small businesses, many of which may not be able to afford health insurance coverage for their employees. Some may offer health insurance, but require employees to pay a large share of insurance premiums. Wages have not kept pace with the increases in health insurance premiums and deductibles. Family deductibles increased more than 80% between 1988 and 1996, while wages increased only 31%. Seventy-two percent of uninsured workers earn less than \$20,000 per year. Other family priorities such as housing, food, and clothing take precedence over insurance.

What is the Impact of a Lack of Health Insurance?

Studies indicate that over 50% of people without health insurance have no regular source of care. Many are forced to postpone medical care when they need it, and some may not fill prescriptions because of their cost. As a result, uninsured adults have poorer health outcomes than adults with health insurance. Uninsured adults are less likely to obtain preventive health care, resulting in higher rates of hospitalization for complications of disease and illness and a higher likelihood of dying while hospitalized.

The cost of delaying treatment affects all of us. The cost of unreimbursed hospitalization is borne by those with health insurance coverage, through higher hospital rates paid by private and public health insurance programs. This increases our premium dollars and our tax dollars. In addition, increased illness results in reduced productivity and earlier loss of life.



Anne Arundel Programs

The Healthy People 2010 Goal is to “improve access to comprehensive, high-quality health care services.” Anne Arundel County’s Goal is to reduce the number of uninsured Anne Arundel County adults ages 20 to 64 by 10% through development of the Residents’ Access to a Coalition of Care, or REACH, Program. While there are an estimated 42,000 uninsured Anne Arundel County residents, not all uninsured residents have low enough incomes to qualify for REACH assistance, thus reducing the number to be targeted by the program. In addition, the number of physicians in Anne Arundel County who will be willing to assume responsibility for treating REACH enrollees at greatly reduced fees is not expected to grow sufficiently to enroll more than 4,200 individuals by 2010. Efforts are under way on both the State and Federal levels to provide greater access to health care to people without health insurance. We expect to use our experience in developing the REACH program to advocate for expansion of health care coverage for the uninsured, on both a national and a statewide basis. It is our hope that the Federal and State governments will develop other programs to increase access to health care for low-income adults ages 20 to 64 prior to 2010 to assist Anne Arundel County in providing health care access to eligible individuals the REACH Program cannot serve.

Objective 1 - Develop the REACH Program as the vehicle for providing health care to 4,200 low-income uninsured Anne Arundel County residents by the Year 2010. (Baseline 1999: 0) The Program will rely on contracts with local hospitals and health care providers who agree to provide services to eligible patients at reduced fees. The Anne Arundel County Department of Health will determine eligibility for the program and provide case management services. Individuals with incomes of up to 200% of the Federal Poverty Level will be eligible.

Objective 2 - The provider network will include primary and specialty care physicians, pharmacies, laboratory services and radiology services. By Fiscal Year 2001, the REACH Program will have enrolled over 100 primary and specialty care physicians, at least four pharmacies, and laboratory and radiology services. (Baseline 1999: 0)

Objective 3 - By the end of Fiscal Year 2001, enroll 1,000 low-income adults in the REACH Program. (Baseline 1999: 0)

Objective 4 - Perform annual analysis of the number of uninsured individuals in Anne Arundel County using the Year 2000 U.S. Census, expanded Behavioral Risk Factor Surveillance System data, the Current Population Survey, and other tools and methodologies that become accepted practice. Using this information, advocate on a state and national basis for expanded health care coverage for low-income uninsured adults.

Objective 5 - If, after reviewing utilization patterns for Fiscal Years 2000 and 2001 and evaluating program performance, we believe that this program is providing increased access to care for the uninsured, we will increase the number of enrollees to 2,000 by the end of Fiscal Year 2002. (Baseline 1999: 0)

Objective 6 - By 2010, enroll 10% of the uninsured population, or approximately 4,200 individuals in the REACH Program. (Baseline 1999: 0)

Action Steps

- ⇒ Establish a work group within the Anne Arundel County Department of Health to study access to health care for Anne Arundel County's uninsured adults and work with the Local Health Planning Board to develop a framework for the REACH Program.
- ⇒ Create a partnership with the County's health care community to offer low cost services for low-income uninsured adults. Present a proposed REACH Program model to the Anne Arundel County Medical Society, and form a partnership between the Health Department and the Medical Society to develop and run the program.
- ⇒ Define eligibility requirements and processes of enrollment, referral, and financial responsibility.
- ⇒ Continuously enroll Anne Arundel County primary and specialty physicians in the program by mailing information to all area physicians through County Medical Society mailing lists and visiting physician groups to discuss the program.
- ⇒ Enroll low-income uninsured adults in the program. Begin by enrolling approximately 300 individuals who were previously enrolled in the County's Primary Care Program (through the former New American Health, which stopped providing primary care services in December 1998). After the initial 300 people are enrolled, target for enrollment parents of children enrolled in the Maryland Children's Health Program.
- ⇒ Establish a not-for-profit entity to apply for grant monies and accept donations and other funds to help pay for expensive prescription drugs or further expansion of the REACH Program.
- ⇒ Evaluate program effectiveness. Evaluate utilization to assure that enrollees are accessing care. Provide case management to those who are not. Assess whether or not physicians are able to accept additional patients, and, if so, continue to expand enrollment until 10% of uninsured adults are enrolled.
- ⇒ Work with state and federal legislators, the medical community, and businesses to develop options for expanding health care coverage for low-income uninsured individuals.

Partners

Advanced Radiology • American Radiology • Anne Arundel County Department of Health • Anne Arundel County Lions Club (Glasses and hearing aids) • Anne Arundel County Medical Society • Anne Arundel Diagnostics • Anne Arundel Health System • Capital Gazette Communications, Inc. • Harbor Hospital • HealthSouth Rehabilitation Centers • Helix Health System • University of Maryland (Consultant) • Kernan Physical Therapy at Shipley's Choice • Nighttime Pediatrics and Adult Care, Too (Urgent Care) • North Arundel Hospital • Patuxent Medical Group • Quest Diagnostics, Inc. • Rite Aid, Giant, Maryland, CVS, and Neighborcare Pharmacies • The Stewart Group, Inc. • Tullier Marketing Communications

References

- Henry J. Kaiser Family Foundation, Kaiser Commission on Medicaid and the Uninsured. (1998). State health facts. *Henry J. Kaiser Family Foundation Website*. Data. Available: <http://www.kff.org/docs/state/states/md.html>.
- Henry J. Kaiser Family Foundation. (1998, September). State Medicaid and uninsured facts. *Henry J. Kaiser Family Foundation Website*. Available: <http://www.kff.org/doctype.cgi?how=section&what=kcmu&doctype=factsheet>.
- Urban Institute. (1997). *National survey of America's families*. Data. Available: <http://newfederalism.urban.org/nsaf/statedata.html>.
- U.S. Bureau of Labor Statistics. (2000). *Employment cost trends*. Data/Reports. Available: <http://stats.bls.gov/ecthome.htm>.
- U.S. Census Bureau. (1998). *Health insurance coverage: 1998*. Data/Reports. Available: <http://www.census.gov/hhes/hlthins/hlthin98.html>.
- Working but not insured. (2000, February). *Maryland Policy Reports*.

Cross-Reference Table for Anne Arundel County

See Also

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